4				
oleose ener	should be		cremation,	
necessary, p	or. Page 4		FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior ta burial, cremation,	
S. Dip	o Trect	or files.	trar pria	
If any	the fune	ed for you	the regis	
ter death.	and 3 ta	se retaine	nd 2 with	
I havrs of	iges 1, 2,	e 5 may	poges 1 a	(
within 24	Give Po	M3. Pag	nit. File	
executed	I Item 18.	th form P	ansit pern	
and bloom	pencil ir	alang wi	burial-tr	
tificate sh	nding" in	's Office	used as a	
: This cer	vard "per	Examiner	hauld be	
XAMINE	ting the	Medical	Page 3 s	
DICAL E	icate, wri	the Chief	RECTOR:	
PU	th Certifi	arded to	VERAL DI	Innom
DE	ote	MJD	5	2 50

11477

VS. A15ME(5) 5M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11454 Reg. Dist. No.

_												
1.	o. COUNTY					2. USUAL RESIDENCE	(Where decea			nce bef	ore admis	ision)
/	Howard			MARYL	AND	Maryland		b. COUNT	rard			
	b. CITY OR TOWN and give nearest to	(If outside corporate limits, wn)	write RURAL	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN		porate limits, write		give no	earest tax	vn)
-	Fulton	TAL OR INSTITUTION	1 (15 ) 1 . 1 .	1		X Highlan					Le pr	CIDENICE
L	Fairvie		i (ir nar in na	spital, give street address)		d. STREET ADDRES	•				ONA	SIDENCE A FARM? NO
3.	NAME OF DECEASED (Type or print)		First	Middle		Lasi	4. DATE OF DEATH	Month		Day	Ye	ear
5.	SEX	EOPOLTAN  6. COLOR OR RAC		BEAUS OLETL	N 8	DATE OF BIRTH		Oct 8	IF UNDER	IVEAR	-	
	Male	White	WIDOWE			ug.8.1895		lost birthdoyl 65 yrs.		Days		Min.
10	. USUAL OCCUPAT	ION (Give kind of wo	rk done 10b.	KIND OF BUSINESS OR IN			ote or foreign		12. CITI	ZEN OF	WHAT	COUNTRY
		ing life, even if retire	2)			Dittef	ield.Ma	66				
13	Rarm Tabo	<u> </u>				14. MOTHER'S MAIDE		000		-		
15	. WAS DECEASED E		FORCES? 16	SOCIAL SECURITY NO.	17. IN	FORMANT	Unk	nown Address				
(Ye	s. no, or unknown)	(If yes, give war or dates	of service)				-					
	Yes	WW 1		8-16-8529	JC	seph Thomp	son, Ful	ton, Ma				
	The same of the sa	ATH [Enter only one		for (o), (b), and (c).						ONSE	AND DEAT	EN! TH
	PARI I. DE.	ATH WAS CAUSED BY IMMEDIATE CAUSE	(o)	Coronary ·	thr	combosis				5	min	is.
	430.	DUET	0									
	Conditions, if	any, which)	(b)									
	gove rise to imm	ediote couse										
	(o), stoting the couse lost.	underlying	(c)									
z	PART II. O	THER SIGNIFICANT CO		ONTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19	. WAS A	UTOPSY
15			e cirio	10 Carrier 19 5							PERFO	RMED?
5	200 EXTERNAL C	ALICE WAS	205 DESCRIP	BE HOW INJURY OCCURRI	ED /5.	ster nature of following in 1	D 1 D 11				ES	NO 🙀
CERTIFICATION	200. EXTERNAL CAUSE OF DEATH	ONTRIBUTING	20b. DESCRIE	SE HOW INJURY OCCURR	ED. (EI	iter nature or injury in	ram i ar ram ii	at item 18.)				
MEDICAL	20c. TIME OF INJ		fear 20d. Whil		- PLAC	E OF INJURY (Home, forry, street, office bldg.,	arm, 20f. (Cit	y or tawn)	(Cou	nty)		(State)
M	p. m	. 1	9 at w	ork ot work	100							
	21. I certify	that I took char	ge of the	remains described	abay	re, held an Auto	psy [], I	nspection 😾,	Inquir	y 🔀	and f	ind that
	death resulte	d fram: Natura	l causes	Accident,	Suic	ide 🔲, Hamici	ide 🔲, U	ndetermined o	ause 🔲			
		11/1-	<	11501							DATE SI	GNED
	SIGNATURE	homes	2.0	Mutaker		M.D. CHIEF MEDICAL	EXAMINER _	]		10	)-9-	
1						ASSISTANT MEE	DICAL EXAMINE	ER 🔲		1	J-9-	.00
	EXAMINER'S NAME (Type)	harles S	. Whit	taker, M.D		DEPUTY MEDICA	AL EXAMINER	<b>X</b>				
22		ON, 22b. DATE THER	EOF	22c. NAME OF CEMETER	Y OR	CREMATORY	22d. LOCA	TION (City, town, o	or county)		(Stote)	)
	Rimial	10-12-	1960	Arlington	Nat	tional	Arli	ington Va				
23.	FUNERAL DIRECTO			ADDRESS	1464		EC'D BY REGIST		TRAR'S SIG	NATUR	E	
F	.C. Higin	othom, Elli	Lcott (	City, Md			OCT 13'		Mun S.			

		and the same			
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				Part His	WALTER BUILDING
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ALCO DISTRICT OF THE PARTY OF T				Mr. 1977.79	
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J I	g detail g detail for posses , mtserfak	en production of the second of		on a celq	sr> 1500
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TO HOSPI

VS A15 (4) 15M 9/S8

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

111170 CEDTIEICATE OF DEATH

114(0)	CEKTIFICA	ATE OF DEATH	Reg. Dist. No.
1) PLACE OF DEATH		2. USUAL RESIDENCE (Where decease	d lived. If institution: Residence befare admission)
o. COUNTY Howard	MARYLAND	o. STATE Maryland	b. COUNTY Howard
<ul> <li>CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)</li> </ul>	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carpo	prote limits, write RURAL and give nearest tawn)
Elkridge		Ellicott	City (rural)
d. NAME OF HOSPITAL (If not in hospitol, give stre	eet oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
stoog main at		Kerger Ro	
3. NAME OF First	Middle	Last 4. DATE	Manth Day Year
(Type or print) Clyde Cec	il Dennis	OF DEATH	Oct. 17. 1960
	ARRIED NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDO	OWED DIVORCED	Feb. 23, 1886	10st birthdoy) 74 yrs. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 1 during mast af warking life, even if retired)	0b. KIND OF BUSINESS OR INDU	STRY 11. 8IRTHPLACE (Stote or foreign of	
Farmer (For himself)	Truck farming	Maryland	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
George Willia	m Dennis	Alice Dwyer	
1S. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	NFORMANT	Address Md.
No	Mr	s. Nathal C. Dennis	Kerger Rd. Ellicott City
18. CAUSE OF DEATH [Enter only one couse pe	r line for (o), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Reuto Co	morros c	ONSET AND DEATH
537 I DUE TO	1 12	eccure	st as
Conditions, if ony, which ) (b)	Man Mh	un care	tio 3000
gove rise to immediate cause (o), stating the under DUE TO	De Roll	hamsali	36
lying couse lost. (c)	9MBRIL	nema	10 7/24
PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING 200. E OR CONTRIBUTING 2AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. DOR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in Part I ar Pa	rt II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)			
= 1		ACE OF INJURY (Hame, farm, 20f. (City ctary, street, affice bldg., etc.)	y or tawn) (Caunty) (Stote)
Haur a. m. Wh of v. p. m. 19	vile Nat while nork of work	ciary, street, affice blag., erc.)	
21. I certify that I attended the dece	eased from Sold 4	19: 1960 to OCA	217196 othat I last saw the deceased
alive an 2014-17.19	1 10	The state of the s	the causes and an the date stated abave.
660	Egzzzz / dila illai acali		Street, city or tawn, state)  DATE SIGNED
ACTUAL SIGNATURE	endon, so	6 36 69 ma	en St Elleridas
	- Comp	M.S	191
PHYSICIAN'S Parties 17	m baug	h	15/1811
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETRY O	R CREMATORY 22d. LOCA	TION (City, tawn, ar county) (Store)
REMOVAL (Specify) Burial 10/20/1960			kridge Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g, REC'D BY REGIS	
Easton sons	Catonsvil	le, Md. DATE OCT 24'	60 aling S. Krous

made of managers 17-11 The state of the s the test with the last the same than the same than the The second secon in the market of the second of

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSPIT

s after death; Page 4

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11479 **CERTIFICATE OF DEATH**  Reg. DIST. No. 456

1. PLACE OF DEATH a. COUNTY	Howard		MARYLAN	o. STATE	Md.	ere deceased	lived. If instituti b. COUNTY	anı Residence before Howa:		)
RURAL and give ne	f outside corporate limi carest tawn) Elkr thorpe	idge	c. LENGTH OF STAY IN	16 Xc. CITY OR				URAL and give ne	earest fawn)	
	Forrest			2104 I	ADDRESS				ON A FA	ARM?
3. NAME OF DECEASED (Type or print)	MARG		Middle E e	DUBB		4. DATE OF DEATH	Oct		ay Yea	60
female	6. COLOR OR RACE	7. MARRIE	DIVORCED		тн 1.888	9	AGE (In years last birthday) 72 yrs.	Months Days	Hours	24 HRS. Min.
100. USUAL OCCUPATION during most of work	ON (Give kind of work ing life, even if retired	done 10b. Ki		NOUSTRY 11. BIRTH				12. CITIZEN		DUNTRY
13. FATHER'S NAME				14. MOTHER	S MAIDEN N	AME		(4 .*·	\$ . S	
	Thomas E				Adel:	ine Ma		6		=_ 11,
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s		OCIAL SECURITY NO.	Thomas I	3. Dul	bbs, l	husband	d, abov	е	
Canditions, if a gove rise to it cause (a), stating lying cause last.  PART II. OYH	the under-	1	LOWE ON TRIBUTING TO DEATH	BUT NOT RELATED T	O THE TERMIN	NAL DISEASE	CONDITION GIV	VEN IN PART 1(o)	19. WAS AU PERFORM	AED?
(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY OCCU	JRRED. (Enter nature	af injury in P	Part I ar Part I	II of item 18.)			
Y 20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	While	Nat while of wark	PLACE OF INJURY factory, street, affi	(Home, form, ce bldg., etc.	, 20f. (City o	or town)	(County	)	(Stole)
21. I certify the alive on	at 1 attended the	deceased 196	d from Man. Que of that de la		9:15 4				ate stated	
220. BURIAL, CREMATIO REMOVAL (Specify) BUP Lal	N. 226. DATE THEREC		220. NAME OF CEMETER Loudon Par		ery		on (City, town.	or caunty)	(State)	
23. FUNERAL DIRECTOR Charles E	s signature Schimune ehms Lane		ADDRESS neral Home		240. REC'D	BY REGISTR	AR 24b. REGI	STRAR'S SIGNATU		

# CERTIFICATE OF DEATH: . . IVE SOUTHER ! .Tech committee of the control of th Care , letter . I some THE PARTY OF THE P

The fifth of the wind decrees the read of the property and the property of the

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

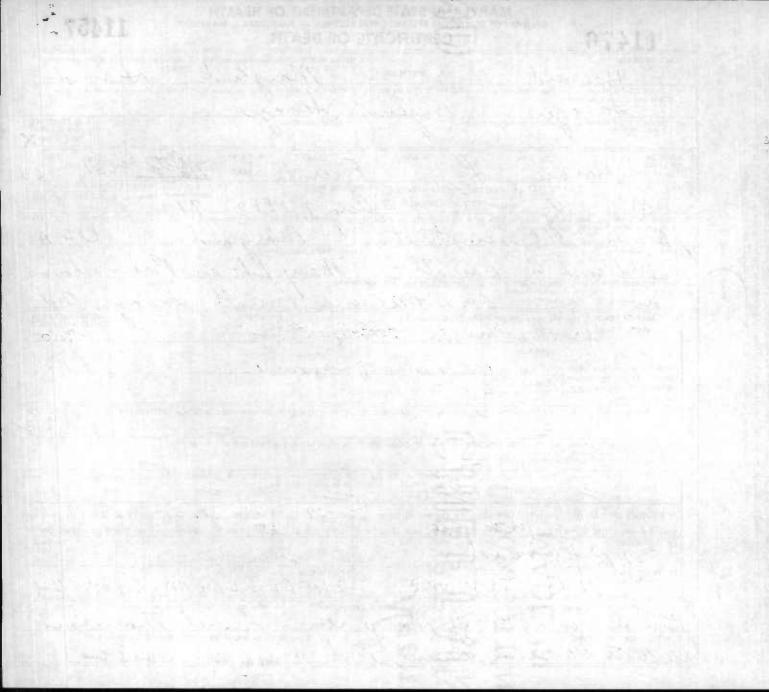
11457

in by the funeral directar, and 2 should be filed with TO HOSPIT/ "OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how may be reformed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detoched for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, ar remayal, and in any eyest, within 72 haurs after death. VR A1S (4) 1SM 9/59

ofter death. Page 4

	1147	6	CERTI	FICATE	OF DE	ATH		114	701
1.	PLACE OF DEATH	rmard	MAR	YLAND 2	o. STATE	VCE (Where decease	ed lived. If institution b. COUNTY	n: Residence be	fore admission)
	RURAL ond give hea	outside corporate limits, rest town)	write c. LENGTH OF STA	Y IN 1b	c. CITY OR JOY	WN (If pyside corp	orote limits, write RL	JRAL ond give n	earest town)
		L (If not imphospital, give	street oddress)		d. STREET ADD	PRESS			e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	torace	L. Middl	e	Fair	A. DATE OF DEATH	Mary Many	wher :	Day Yeor 3/ 196
5.	SEX M	. /	MARRIED NEVER MARR	_ /	ATE OF BIRTH	1889	9. AGE (In years lost birthdoy) 7 yrs.	Months Doys	AR IF UNDER 24 HR Hours Min.
100		N (Give kind of work doning life, even if retired)	e 10b. KIND OF BUSINESS	or INDUSTR'	11. PRTHPLAC	E (Stote or foreign	country)	12. CITIZEN	US A
17.	FATHER'S NAME Will	an a.	Fariall		Mar.	AIDEN NAME	rean 13	Been	ahan
		IN U. S. ARMED FORCES yes, give wor or dates of service		92 a	RMANT	Faria	ll Sa	ess	md.
	PART I. DEAT	H WAS CAUSED BY:	per line for (o), (b), and (c	na Le	mj-Z	iver		IN	NSET AND DEATH
	Conditions, if on gove rise to im couse (o), stoting the	mediate (	Carcino	m of	Ly	mad			4 400
NO	lying couse lost.	(c)_	IONS CONTRIBUTING TO D	EATH BUT NO	OT RELATED TO TH	HE TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPS
CERTIFICATION	20a. ACCIDENT WAS	LINDERLYING [] 20	b. DESCRIBE HOW INJURY	OCCURRED. (	Enter noture of in	niury in Port I or Po	ort II of item 18.)		PERFORMED? YES NO
	OR CONTRIBUTING (	CAUSE OF DEATH			Too.				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.		20d. INJURY OCCURRED While of work of work		OF INJURY (Hory, street, office b		ty or town)	(Count	,,
	saw the decease	100	attended the deceased 19 60, an				the causes an		
	220. SIGNATURE	3 ftsma	ud	M.C		MED. DIRECTOR	STAFF PHYS.		22b. DATE SIGNE
	22c. PHYSICIAN'S NAME (Type)	77.3 S	teward		314	comp	im an	Lav	nd my
	BURIAL, CREMATION SEMOVAL (Spegfy)	Man 2, 19	160 St M	METERY OR C	Cem.	ha	ATION (City, town co	Mary	(Stote)
24	le Witt	Signature	ean Laure	1/9	21	So. REC'D BY REGI		ilug S. Hu	TURE



F.C. Higinbothom, Ellicott City, Md

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

11459

11480 CERTI	FICATE OF DEATH	
1. PLACE OF DEATH o. COUNTY HOWARD MAR	2. USUAL RESIDENCE (Where deceosed live o. STATE Maryland	d. If institution: Residence before admission) b. COUNTY Howard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Clarksville		limits, write RURAL ond give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
8. NAME OF First Middl DECEASED (Type or print) MAMIE ISENNOCK	OF DEATH	Month Day Yeor Oct. 28, 1960 19
6. COLOR OR RACE 7. MARRIED NEVER MARR Female White WIDOWED 1 DIVORCE	<sup>ED</sup> □ June 20,1883	GE (In years of the latest of
00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  At Home	Baltimore Co. M	y) 12. CITIZEN OF WHAT COUNTRY
Joseph Meyers	Fianna Mumma	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY No. or unknown) (If yes, give wor or dates of service)	O. 17. INFORMANT  Mrs. Muriel Johnston, C	Address Larksville,Md
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	ory lis. my	INTERVAL BETWEEN ONSET AND DEATH DEA
THE PROPERTY OF THE PROPERTY O	OCCURRED. (Enter noture of injury in Port I or Port II o	PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While of work of twork of twork of twork of twork of two the control of two the control of two two the control of two	20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	own) (County) (State
21. I certify that (I) (this haspital) attended the deceased saw the deceased alive an 196 frame 220. SIGNATURE	d fram 1019 1960 ta 1 d that death occurred a3.5 M, fram the	D
22c. PHYSICIAN'S NAME (Type) BPWARTE	M.D. ATTENDING MED. DIRECTOR P	TAFF SIGNE SIGNE
REMOVAL (Specify)	h. Church Cem. Fo	(City, town, or county) (State)

'60

France

q to the Energi Les Metecarle 1 /2 BP WARREN The state of the Property of the Union the wall dropped and to which . . .

TO HOSPITA

VS A15 (4) 15M 9/58

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

1.	PLACE OF DEATH o. COUNTY HOWELT	rd.		MARYLAND	o. STATE	esidence (w	here deceased	l lived. If institut b. COUNTY		nce before	e odmissi	on)
		f outside corporate lime earest town)	its, write	c. LENGTH OF STAY IN 1b		R TOWN (If	outside corpor	Howardte limits, write		give near	rest town	)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital,	give street	oddress)	1	T ADDRESS				е		DENCE FARM? NO
	342 W.	Main St.				SAIR W.	Main St				153	INC AC
3.	NAME OF DECEASED (Type or print)	WILLIAM	rst HENR	Y MOORE		last	4. DATE OF DEATH	Mo	t.19	.1960		feor 9
	sex Male	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF BE			9. AGE (In years lost birthday)	Months	R 1 YEAR Days	Hours	R 24 HRS. Min.
_	. USUAL OCCUPATION	***************************************	done 10b.	KIND OF BUSINESS OR IND			e or foreign co			TIZEN OF	WHATC	OUNTRY?
	Retired	cing ine, even ir reinrec		Carpenter	По	hester	r, Md					
13.	FATHER'S NAME				14. MOTHE	R'S MAIDEN	NAME					
	Phillip	Moore				E] 178	Jane	Grace				
15.			RCES? 16.	SOCIAL SECURITY NO.	INFORMANT				Iress		- 10	
{Y	es, no, or unknown)	(If yes, give war or dates of	service)	A STATE OF THE STA								
_	No		21	7-07-5732	Noodrow	W. Moor	re, Mont	gomery I	load I	Fllic	ott	City
	18. CAUSE OF DEA	ATH [Enter only one co	ouse per li	ne for (o), (b), and (c).]	- /					INTE	RVAL BET	TWEEN
	PART I. DEA	TH WAS CAUSED BY:	1	nonay The	molos	is					PLACE	
	11-	IMMEDIATE CAUSE (	)	from the	871-70-					11/11	West !	
	120	DUE TO	)									
	Conditions, if o	ny, which )	,	_								
	gove rise to i	mmediate	•		1	,						
	couse (o), stoting	the under- DUE TO	1.1	inseleration to	andia.	1/200	1. Oast	17:	)	1 -	me	era
	lying couse lost.	) (	gene	nivernous v	anceco-	C Muc		resea	ar -		1	
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS (	CONTRIBUTING TO DEATH BL	IT NOT RELATED	TO THE TERA	MINAL DISEASE	E CONDITION GI	VEN IN PA	RT 1(o) 15	. WAS A	AUTOPSY
CATIC	Z	Pialetis	177.	ellitus.								RMED?
CERTIFICATION	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	RED. (Enter notur	e of injury in	Port I or Port	III of item 18.)				-1
CAL	20c. TIME OF INJUR	Y Month, Doy, Ye	ar 20d. I		LACE OF INJUR			or town)		(County)		(Stote)
MEDICAL	Hour o.m.	19	While of wor	INDI WIIIE	octory, street, of	fice bldg., el	tc.)					
2	p. m.					-	20-7	. 60				
	21. I certify th	at Jattended the	deceas	ed from syll	190	7, to 3	. /	, 19	,that I I	ast saw	the de	eceased
	alive on De	1-18	19 6	50 , and that deal	h accurred	05/9						
	dive on		/ 1/	=, and mar dear	in accorred	u		reet, city or town		ie dule		E SIGNED
		11	. "	•	-24		AUDRESS (SI	reer, city or town	, store)		/	JIGHED
	SIGNATURE	worm n	10	samo	M.D.	M &	29,7	7,00		10	//7/	160
."												
	PHYSICIAN'S NAME (Type)	illiam F.G	96632	ay M.D								
20							I m 1 10515	1011 (6:1				
12	REMOVAL (Specify)	N, 22b. DATE THERE		22c. NAME OF CEMETERY	OR CREMATORY	,	ZZd. LOCAT	ION (City, town,	or county)		(State	3)
	Burial	10-21-6	9	St. Johns			ET.	licott C	it.v. N	d		
23	FUNERAL DIRECTOR			ADDRESS		24a. REC	D BY REGIST	RAR 24b. REG	STRAR'S S	IGNATUR		
T	C Higinh	othom, Elli	cott	City Md			OCT 2 4 '8		Alun 2	9. Hinu	LA.	
1	. O O TITE TITO	O OTTORI 9 DITTT	0000	OT O'A " INIG		PAIL	MAN I be I .					

. THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. The Control of the Co pull troublist, in a seminoral field of the 2014 Control of the STERN OF CAROLINATES AFTER ) -1 -1 Martin de LID andende III.6.

ssary, please exe-	Page 4 should be		burial crematian,	
TO DEPUT MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please exe-	cute the ficate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral thor. Page 4 should be	or your fires.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar ta burial_cremation,	-
rs after death. If	1, 2, and 3 to the	nay be retained for	1 and 2 with the	
ted within 24 hav	18. Give Pages	m PM3. Page 5 n	permit. File poget	
shauld be execu	in pencil in Item	ce alang with far	s a burial-transit p	
R: This certificate	ward "pending"	Il Examiner's Offi	shauld be used a	
DICAL EXAMINE	icate, writing the	the Chief Medica	IRECTOR: Page 3	
TO DEPUT	cute the	farwarded ta	TO FUNERAL DI	ar remaval.

VS. A15ME(S) 5M 9/55

a. COUN	Howard			MARY	LAND	2. USUAL RESIDENCE (		d lived. If Instit b. COUN	TY.	ce before odmissio	on)
b. CITY O		hide corporate limits, write	RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (		rate limits, write	Howard RURAL and	nive negrest town	
and give	icott		rural			1	ott City		rural		
				ital, give street oddres	(1)	d. STREET ADDRESS	DOG OTO	у	1 (11 (42	e, IS RESI	DENICE
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		mile wes	t or t	Ellicott C:	LUY	" Rt. 144 )	WITTE ME	SOU DIT.	LCOUL O	TON YES -	NO F
DECEASE	D	First	ř.	Middle		Lost	4. DATE OF	Mon		Day Year	
(Type or )			TMOOD	NOLL			DEATH	Octobe	er 8,19	960 19	
. SEX		S. COLOR OR RACE	7. MARRIED	NEVER MARRIE	B.	DATE OF BIRTH	9	P. AGE (In years lost birthday)	IFUNDER 1		-
Male		White	WIDOWED			uly 15,1958		2 yrs.		ays Hours M	lin.
Ja. USUAL	OCCUPATION	(Give kind of work d	ione 10b. KII	ND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (State	e ar fareign cou	untry)	12. CITIZI	EN OF WHAT CO	UNTRY
dering mo	None	me, even n remedy		None		Baltimor		200			
3. FATHER"				Aibass		14. MOTHER'S MAIDEN	NAME	***************************************			
Uov	t Dant	on Noll				Beverly Ani	n Flemi	n₽			
		IN U. S. ARMED FOR	CES? 116. SC	OCIAL SECURITY NO.	17. IN	FORMANT		Addres	•		-
Yes, no, or unk	nown) (II	yes, give war or dates at s	service)			s. Dorothy	Noll Ba			licott Ci	tv.
1	No	ře		None	INTE	se Dor cony	NOTE, DO	Olivery D	, , ,		
I IB. CAU											
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	ADT I DEATH	WAS CALISED BY			nd Co	omminuted Sl	all Fra	acture		Instant	
	ADT I DEATH	WAS CALISED BY			nd Co	omminuted Sl	cull Fra	acture		ONSET AND DEATH	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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may be ref. 3 by the haspitol ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in 657 the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. ter death. Page 4 ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 ha

TO HOSPITA

VR A1S (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11482 CERT	IFICAT	E OF DEAT	H		1	1402	
1. PLACE OF DEATH o. COUNTY Howard MA	ARYLAND	2. USUAL RESIDENCE O. SMEryla		ed lived. If i b. CC	nstitution: Residen	rd	nission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)  Elkridge	AY IN 1b	c. CITY OR TOWN Elkri	45-1800 1-7	porote limits,	write RURAL ond	give nearest to	wn)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 5031 Virlona Ave		d. STREET ADDRES	s 31 V1:	clona	Ave	ON	ESIDENCE A FARM?
NAME OF First Midd PECEASED (Type or print) ROSEMARY A O MALLE		Last	4. DATE OF DEAT		Manth Ct. <b>31</b> ,1		Year
SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR  Female White WIDOWED DIVOR	RRIED   B.	Oct.23,1	902	9. AGE (In last birt 58	years IF UNDER Manths yrs.	Days Hou	1
on USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  Telephone Operator C&P Co.	S OR INDUSTR		tote ar foreign	cauntry) Md.	12.CIT	IZEN OF WHA	TCOUNTRY
3. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	I EALL			
harles F. Smithson		Mary C.	Bush				
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N (If yes, give wor or dates of service)	NO. 17. INFO	ormant semary M.	Ford	,1815	Augus t	ine A	ve.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gave rise to immediate couse (o), stating the under- lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY					ON GIVEN IN PAI	PER	AS AUTOPS  AS AUTOPS  AS AUTOPS  OF THE PROPERTY OF THE PROPER
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							(5)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while at work of twork	20e. PLAC facto	CE OF INJURY (Home, ory, street, office bldg.	tarm,   20t. (C , etc.)	ity or town)		(County)	(State
21. 1 certify that (I) (this hospital) attended the decease sow the deceased alive on 201301966		ath occurred of	1955 Tito	n the caus	1 6	thot (I e date stot	
220. SIGNATURE	Feer Fil	ATTENDING PHYS.	MED. DIRECTOR [	STAFF PHYS.		11/	22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type) BBBBBCOM	249	A 5609	Ma	in se	Elle	10	,27%
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF C REMOVAL (Specify) 11/3/60 St Aug		е	Н	oward		id.	itote)
Howard H. Hubbard 4107 Wilkens	Ave.		REC'D BY REG	STRAR 2SI	arthur S		

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1. PLACE OF DEATH o. COUNTY Howard	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY  Maryland
b. CITY OR TOWN (If autside carporate limits, v RURAL and give nearest tawn)		c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give	22 days	Baltimore 5 5 6 1 6 RESIDENCE
OR INSTITUTION		ON A FARM?
Taylor Mano		623 N. Curley St. YES NO
3. NAME OF First DECEASED	Middle	Polacek  A. DATE OF Polacek  Anonth Day Year PEATH October 17  19 60
(Type or print) Charl  5. SEX 6. COLOR OR RACE 7.		
Male White	IDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years last birthday) 51 yrs.  9/7/09  9. AGE (In years lift UNDER 1 YEAR   IF UNDER 24 HRS. Manths   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work don during mast of working life, even if retired) Lead Mechanic	10b. KIND OF BUSINESS OR INDU	Baltimore, Md. U.S.
13. FATHER'S NAME	Mar 0 211 00 6	14. MOTHER'S MAIDEN NAME
Henry J.	Polacek	Maria Kopecky
15. WAS DECEASED EVER IN U. S. ARMED FORCES		NFORMANT Address Zone 12
(Yes, no, or unknown) (If yes, give war ar dates of service	Ma	rie Bendall, sister, 1404 Gittings Ave.
	Myocardial i  onary occlusion	8 hours
Hypertension; ar	terial	PERFORMED? YES \( \square\) NO \( \square\)
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		ED. (Enter nature of injury in Part I or Part II of item 18.)
Haur a.m.		LACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) actory, street, affice bldg., etc.)
21. I certify that (I) (this haspital) of saw the deceased alive an Oct 22a. SIGNATURE  22c. PHYSICIAN'S  STAME FIRM Lee Magnes	LOS KESP	Sept 26 , 1960 po Oct 17 , 1960, that (I) (we) last death occurred at 7:145, from the causes and an the date stated abave.  M.D. ATTENDING MED. STAFF NHYS. 10/17/60  22d. ADDRESS Taylor Manor Hospital, Ellicott City M
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 10/21/60	23c. NAME OF CEMETERY CO	ational Cem Baltimore, Md.
24. EUNERAL DIRECTOR'S SIGNATURE Schimunek Funeral 2601-03-05 E. Madi	Home, Inc.	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  DATECT 1 9 '60 Outland S. King

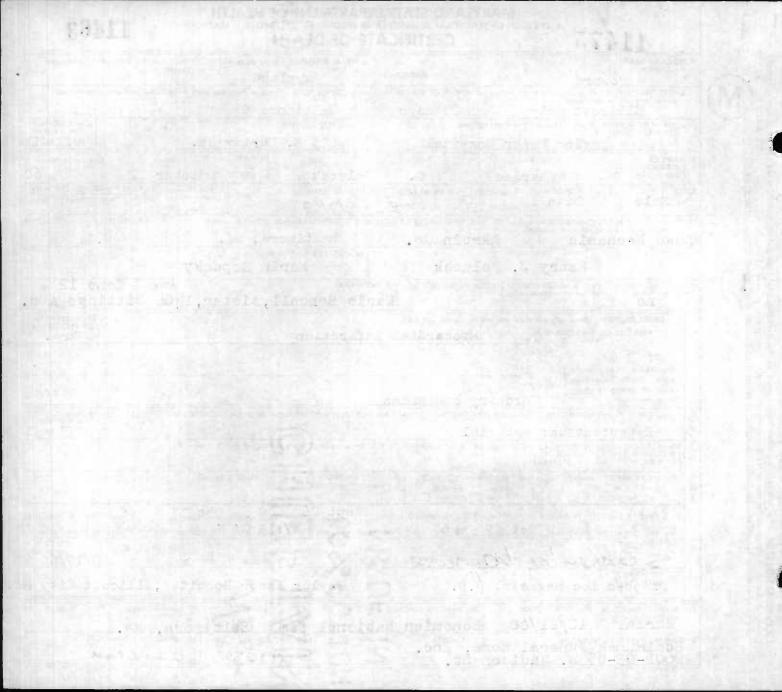
may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hay

ofter death. Page 4

TO HOSPITA VR A15 (4) 15M 9/59



630

DR.

VR A15 (4) 15M 9/59

#### 11483

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY HOV	ward		MARY		g. STATE	(Where deceas	b. COUNTY		ce before	-	ion)
	(If outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b		(If outside corp	porate limits, write I	RURAL and (	give near	rest tawn	1)
OR INSTITUTION	ITAL (If not in haspital, s	give street	address)	4	d. STREET ADDRES	ss Ridg	ge Rd.		e		FARM?
3. NAME OF DECEASED (Type or print)	Lavinia		Middle Roth		Last	4. DATE OF DEAT		0/16	/60		Year 19
5. SEX Female	6. COLOR OR RACE White	7. MARR	RIED 🔀 NEVER MARRII		ate of Birth ct.16,19	12	9. AGE (In years lost birthday) 48 yrs	Months	1 YEAR Days	Hours	R 24 HRS Min.
10a. USUAL OCCUPATI during most of wor Housewill	ON (Give kind of work rking life, even if retired E	dane 10b.	KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (S		country)	12. CITI	ZEN OF	WHATC	OUNTRY?
13. FATHER'S NAME				1	4. MOTHER'S MAIL	DEN NAME					
George T.	Akehorst				Sarah	A. Ken	nv				
15. WAS DECEASED EV	ER IN U. S. ARMED FOI		SOCIAL SECURITY NO	. 17. INFO				dress			
(Yes, no, or unknown)	(If yes, give war or dates of		none	Geo	A. Ro	th.Rid	ge Rd	Elki	ride	re.	Md.
	ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (c		ne for (a), (b), and (c).		Bea	an.			INTE	RVAL BE ET AND	TWEEN
Conditions, if a	DUE TO		arino	7245	, duci	teell	. left &	greet	3	: 40	رد
cause (a), stating lying cause last.	the under-	o =)					1				
PART II. OT  PART II. OT  PART III. OT  OR  OR  OR  OR  OR  OR  OR  OR  OR	THER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE I	TERMINAL DISEA	ASE CONDITION GI	IVEN IN PAR	T 1(a) 15	PERFO	AUTOPSY ORMED?
	AS UNDERLYING A GAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (I	inter nature of injur	ry in Part I ar P	art II of item 1B.)	lend.			
20c. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Ye	20d. II While at wor	NJURY OCCURRED  Not while  at work		OF INJURY (Hame, , street, office bldg		ity ar tawn)	(1	County)		(State
21. I certify the	at (I) (this haspita	l) attend	750	1	h accurred at	1900, to	n the causes a				we) las abave
22a. SIGNATURE	radley &	any	gharthy,	M.D	ATTENDING PHYS.	MED. DIRECTOR	_ STAFF				SIGNET
22c. PHYSICIAN'S NAME (Type)	A Bradler	Dan Lis A	gharthy, M.	D.	22d. ADDRESS	.264 Fra	ncis Ave.	-27-			
23a. BURIAL, CREMATION REMOVAL (Specify Burial	ON, 23b. DATE THERE	of /60	23c. NAME OF CEM		REMATORY		ATION (City, town,		i.	(Stat	e)
Howard H	R'S SIGNATURE Hubbard	410	7 Wilkens	Ave	25a.	REC'D BY REGI	STRAR 25b. REG	Crima.	GNATUR		

I supplie The Month of Burning of the Williams SIDI ALLES OF ANALES AND SELECT OFFICE - bankinan Taraba. Astan . M. embled El . . Di entri . Modi . A . 1000 and permetalisa . No seed it vore begreen! . Direction

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH HEALTH DEPT 3 to the tunated director. Page to retained for your files.

The retained for your files.

The State Board of Health,

Files danh. 2. USUAL RESIDENCE (Whara decaesed lived, If institution; Rasidence before admission) e. COUNTY b. COUNTY Howard Maryland Howard MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Clarksville Clarksville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat addrass) d. STREET ADDRESS 3. NAME OF First Middla 4. DATE Month Last DECEASED OF win the (Typa or print) DEATH FRED LOUITS October 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR) 1960 lest birthday) 5 ma W M WIDOWED [ Male Colored 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad in pencil in Item 18. Give Pages / s. Office along with form PM3. Pages a burial-transit permit. File Olney, Md

14. MOTHER'S MAIDEN NAME 13. FATTER'S NAME Phyliss Harris Howard Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Howard Smith 323 Ellen St. N W (Yes, no, or unkown) | (Ifyasgivawerordatesofservice) No None Washington D.C. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] 5 PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (6) ASDHVXI a DUE TO massive aspiration of stomach content complicating removal, (b) bilateral otitis media gava risa lo immediala cause "pending" ease execute the certificate, writing the word "pending's should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a DUE TO (e), steting the underlying ö cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 20e. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection Inquiry MEDICAL death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Russell S. Fisher, M.D. NAME (Type) Address (Streat, city, town, or county) DEP 22a, BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) o **940** Carver Memorial Laurel.Md 10-11-60 Burial 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME DATOCI 1 3 '60 arthur S. Frank F.C. Higinbothom, Ellicott City, Md 159

e. IS RESIDENCE ON A FARM? YES NO

19 60

IF UNDER 24 HRS.

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO

(Stete)

YES X

and in my opinion

DATE SIGNED

10/60

(State)

(County)

Year

Day

10.

1000214XV3

THE RESERVE OF THE PROPERTY OF minute and the second gar as well gar whis ording .a.a norganiana Initial comes carried faire 4 28, eifo diochill, mutodicio il. . . .

TO HOSPITA

VR A15 (4) 15M 9/59

### 11485

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

				17							
1. PLACE OF DEATH o. COUNTY HOW	ward		MARYLA		o. STATE Md.	(Where decease	ed lived. If institut b. COUNTY	,	before admis		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hanover					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hanover						
d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION ANDERSON AVE.					d. STREET ADDRESS Anderson Ave.					e. IS RESIDENCE ON A FARM? YES NO X	
3. NAME OF DECEASED (Type or print)	Mary		Middle Jane	Ta:	Lost	4. DATE OF DEATH	10/	22/60	Day	Year 19	
Female	6. COLOR OR RACE White	7. MARRIE		- 4	ATE OF BIRTH 18	78	9. AGE (In years ast birthday) 2 yrs	Months [	YEAR IF UND Poys Hours	ER 24 HRS Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  housekeeper  at home			ne .	JSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN C  US					COUNTRY		
Joseph	H. Talbot	t		1	4. MOTHER'S MAID	te Ray					
	R IN U. S. ARMED FORC		OCIAL SECURITY NO.	17. INFOI	MANT		Ado	dress			
				The	omas F.	Talbot	t Hano	ver,	Md.		
Conditions, if a gove rise to i cause (o), stating lying couse last.	the under- Cc).	K	Son	-	le	Ly	S COMPITION OF	VENTAL DARK	3 -	4	
Of Ch	HER SIGNIFICANT COND	0	100	12	10 3%	lio	A Came	VEN IN PART	PERF	RMED?	
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCI	THE HOW INJURY OCC	CURRED. (E	inter nature of injur	y in Part I or Po	ort IT of item 18.)		~~		
20c. TIME OF INJUR Haur a. m. p. m.	RY Manth, Day, Year 19	While at work	Not while		OF INJURY (Home, , street, office bldg.		ty or town)	(Co	ounty)	(Stot	
	ot (I) (this haspital) sed alive on	milet -	Think !	-	h accurred of	19/25.to.			that (1)		
22a. SIGNATURE	2 Bree	me	rangh	M.D		MED. DIRECTOR	STAFF PHYS.		10	SIGNE	
22c. PHYSICIAN'S NAME (Type)	BAYU	m	6200	14	22d. ADDRESS	0911	want	1 8	home	de	
23a. BURIAL, CREMATIC REMOVAL (Specify Burial		60	St. Aug	ery or ci			ATION (City, town, kridge,	Md.	(Sta	te)	
24. FUNERAL DIRECTOR		lue :	ADDRESS		250.	REC'D BY REGIS		ISTRAR'S SIGI			
loward H.	Hubbard	410	7 Willens	ATTO	DATE	OCT 2	D 00 C	Callun	9 15		

natri				
hemete i	.5%			
	reational			oner
	ANGETBON EVE		4 F C 2	0.1
To sever the		ndfell enes	7013	
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	.68	based to	Recoer	32101
	Tatle Hey		. Ello	
ige, .M. agi	in the contract of	oricanamicc	07255,01	
		. 11 con ve.	Mediasa Pla	Howard H.